



EAU18 | COPENHAGEN

16-20 March 2018

Cutting-edge Science at Europe's largest Urology Congress

UROTHERAPY : AN UNDERESTIMATED TOOL

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European
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of Urology

Urotherapy, An underestimated tool

Anne-Françoise Spinoit

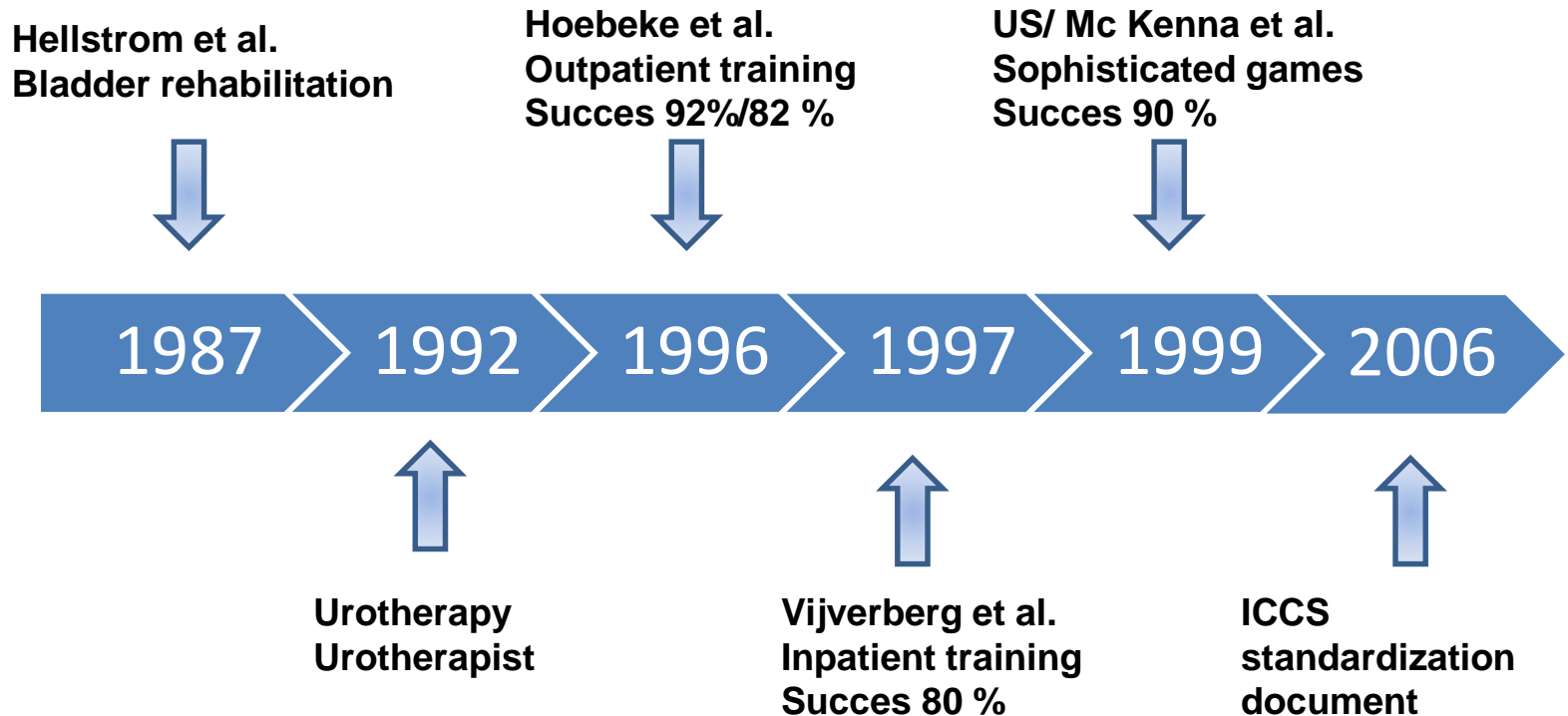
@AFSpinoit

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UROTherapy, AN UNDERESTIMATED TOOL

I have no conflicts of interests

BRIEF HISTORY OF UROTHERAPY



UROTHERAPY ???



ACQUISITION OF CONTINENCE :

Important **milestone** for a child

Day-time bladder control : 3-4 years of age

Night-time bladder control : 3.5 - 6 years.



Why is continence important ?

CAUSED BY ANATOMICAL ANOMALIES :

Specific treatment needed (surgery)

CAUSED BY NON OBVIOUS REASONS:

Essentially **behavioral, educative**
supportive treatment



Incontinence ?

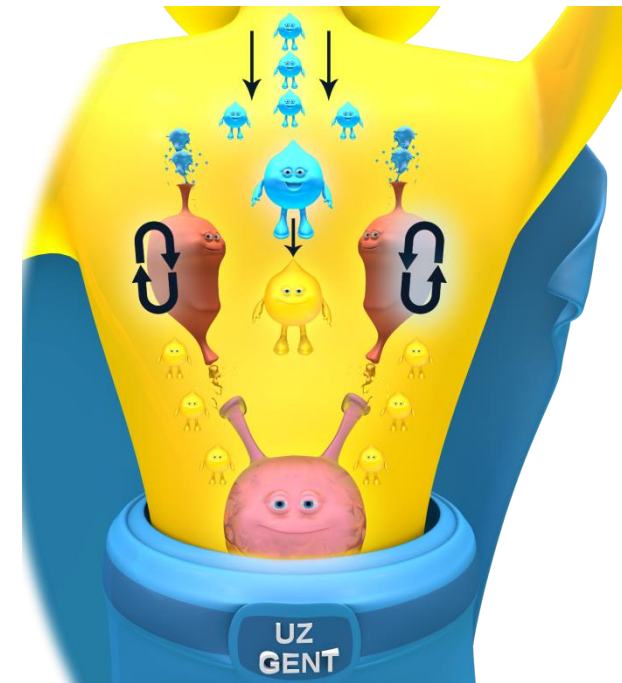
UROTHERAPY ?

DELAY IN CONTINENCE → FIRST-LINE TREATMENT

UROTHERAPY IS
NON-PHARMACOLOGICAL
NON-SURGICAL
EDUCATIONAL, BEHAVIORAL

Urotherapy :
bladder re-education program

Urotherapy is :
Patient education
cognitive
behavioral and physical therapy methods



UROTHERAPY : AIMS

NORMALIZE

BLADDER EMPTYING
BLADDER FILLING
DEFECATION

DECREASE BLADDER OVERACTIVITY

FACILITATE

AGE-APPROPRIATE FILLING
OPTIMAL BOWEL FUNCTION



CLINICAL APPLICATIONS

SIGN / SYMPTOM

INCONTINENCE

URGENCY

UTI

DYSFUNCTIONAL VOIDING

VUR

SMALL OR LARGE BLADDER

FECAL INCONTINENCE

GOAL

LONG-TERM DRYNESS

VOID WHEN CONVENIENT

No UTI

NORMALIZE

DOWNGRADING

NORMALIZE

No SOILING

BASIC UROTHERPAY

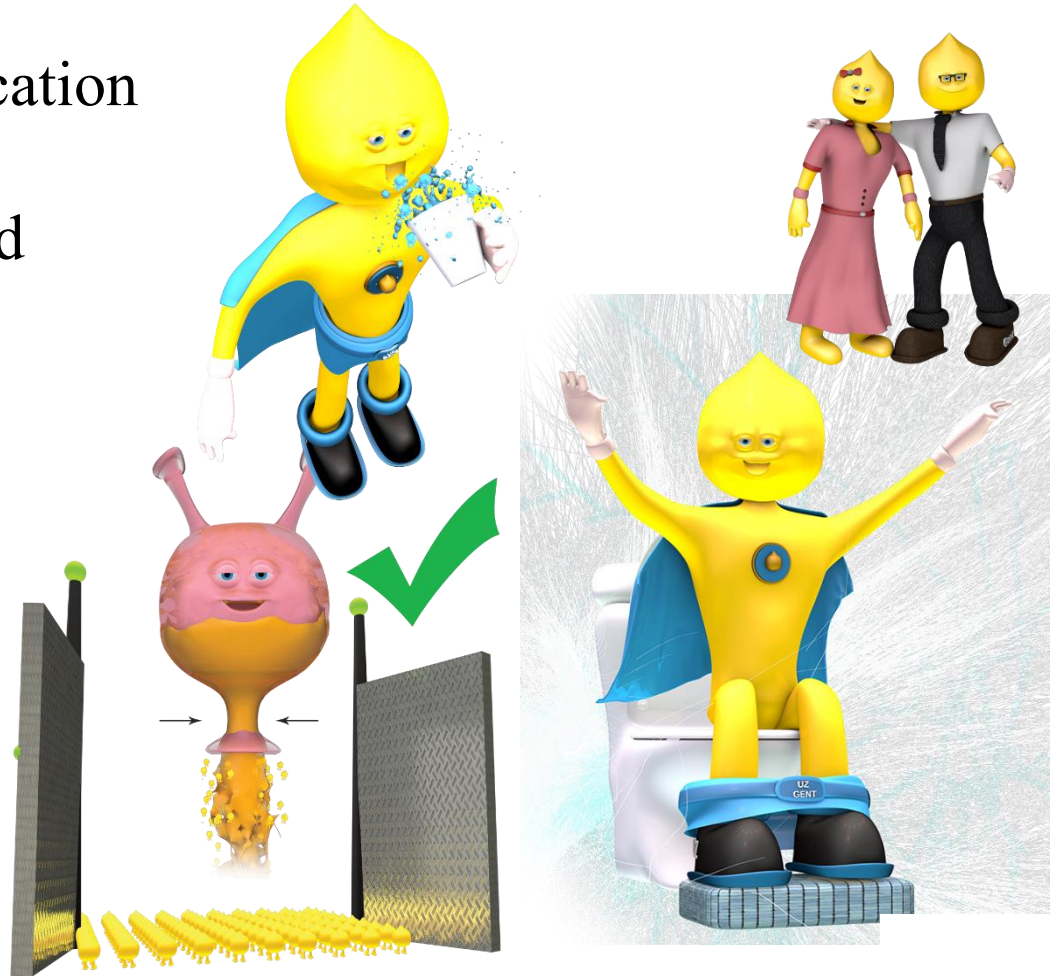
Information , demystification

Education family + child

Life style advice

Bladder bbowel diary

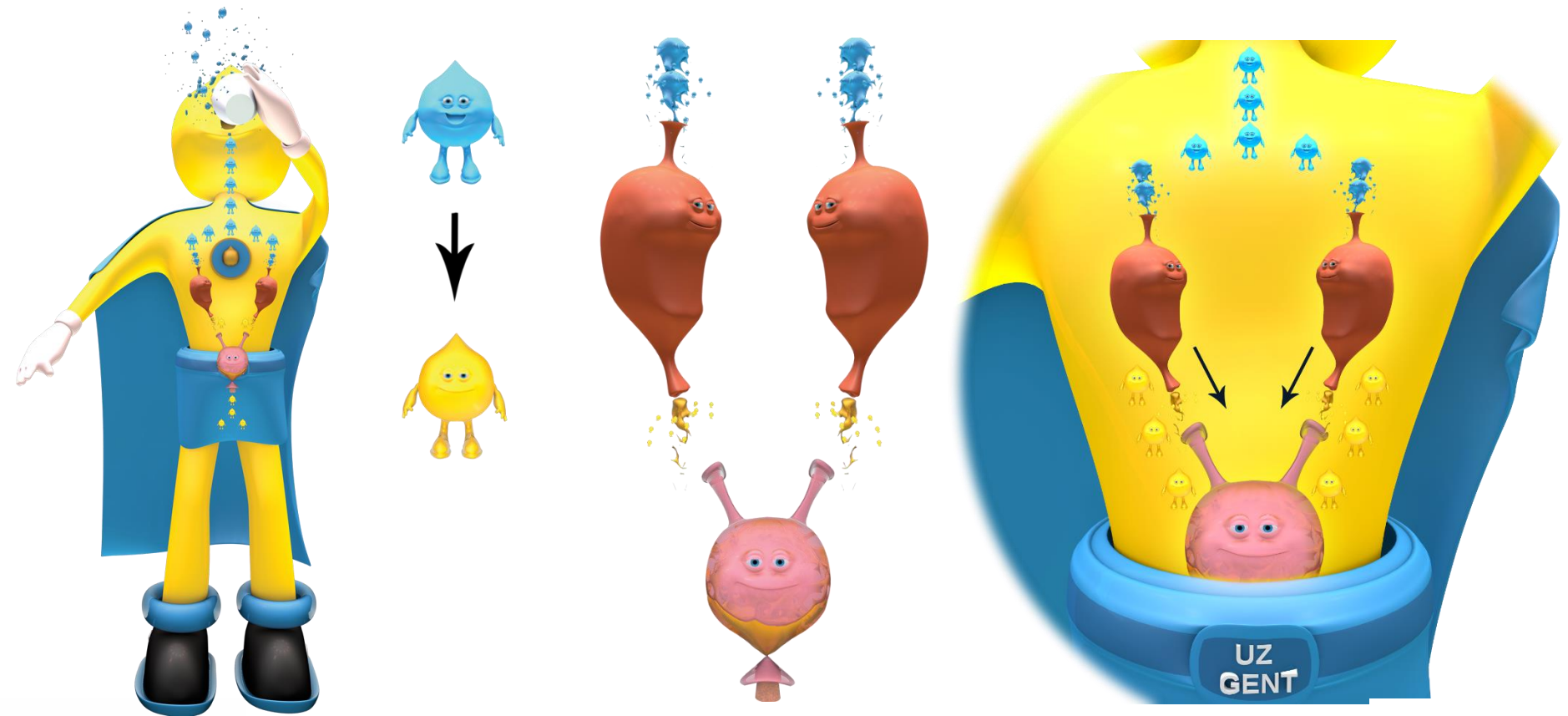
Motivation & reward



UROThERAPY : TEACHING OBJECTIVES



UROTHERAPY : TEACHING OBJECTIVES



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De Plaskalender

DATUM	AANTAL OEFENINGEN	WEKKER JA / NEE	NAT 	NAT 	DROOG 	DROOG 	BLAASVOLUME HOEVEEL ML ? 
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NACHT 1	10	JA ROOD		X			200 ml
NACHT 2	5	JA			✓		200 ml
NACHT 3	0	JA		X			
NACHT 4	10	JA				✓	150 ml
NACHT 5	0	JA			✓		150 ml
NACHT 6	0	JA				✓	150 ml
		JA					

Time na e ml

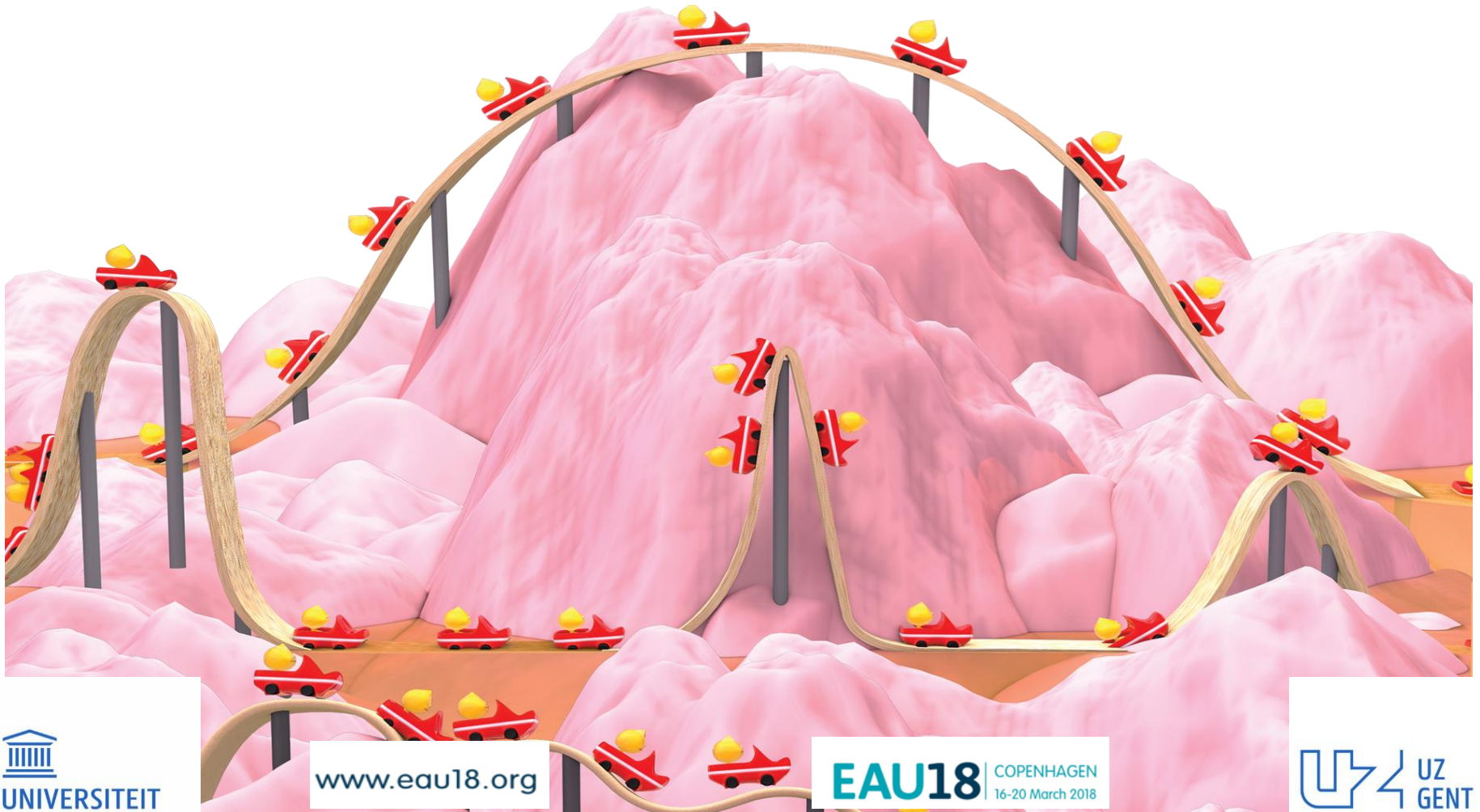
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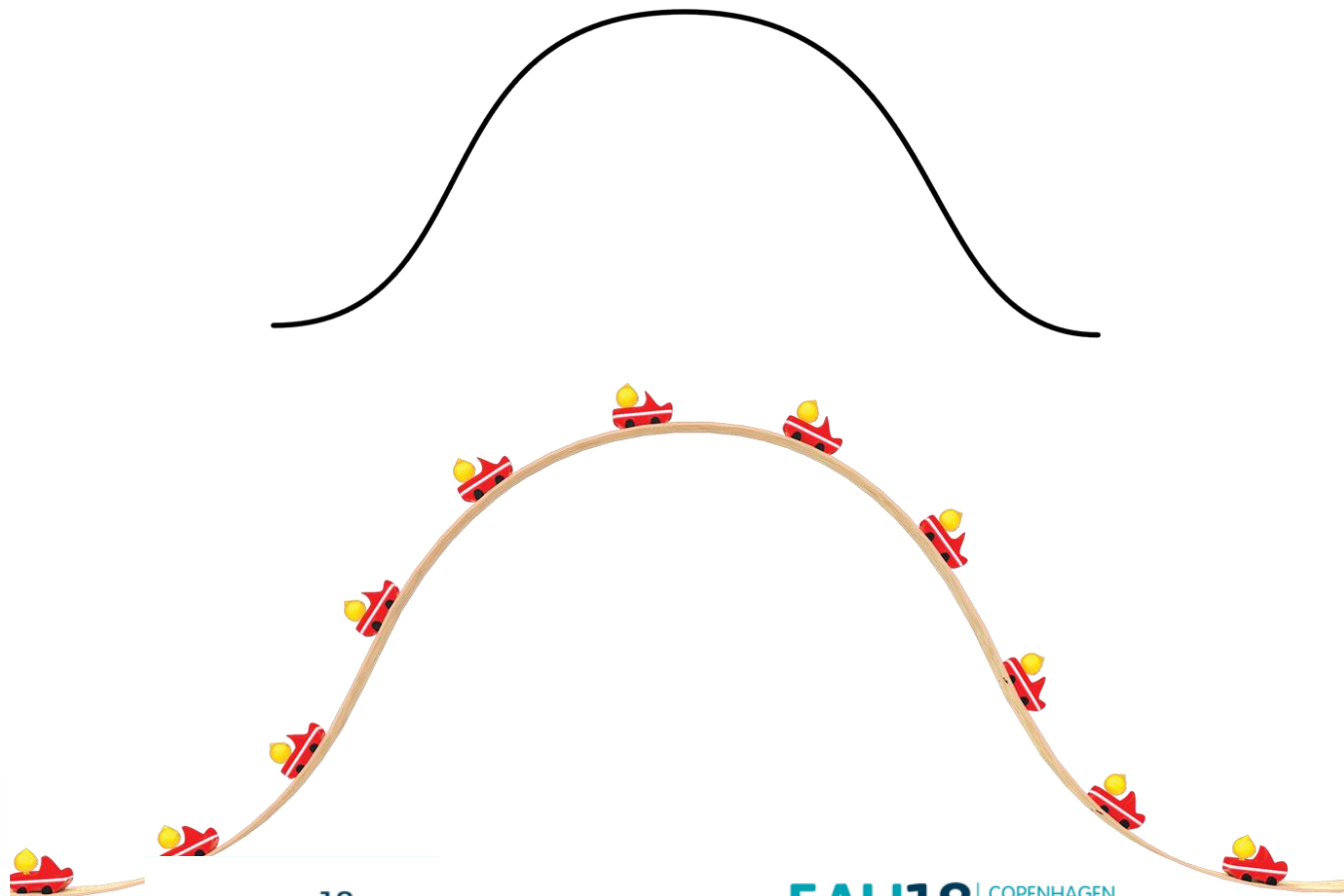
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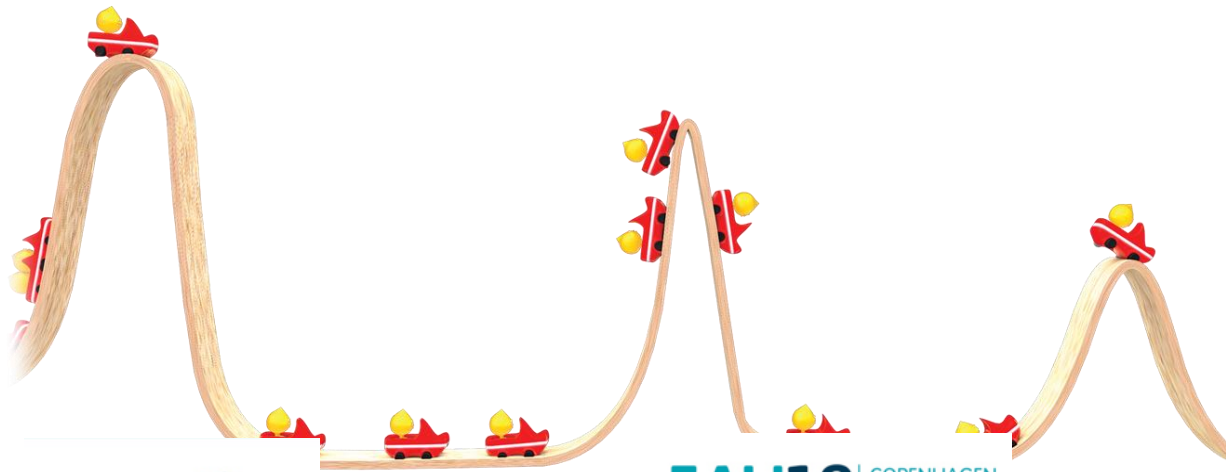
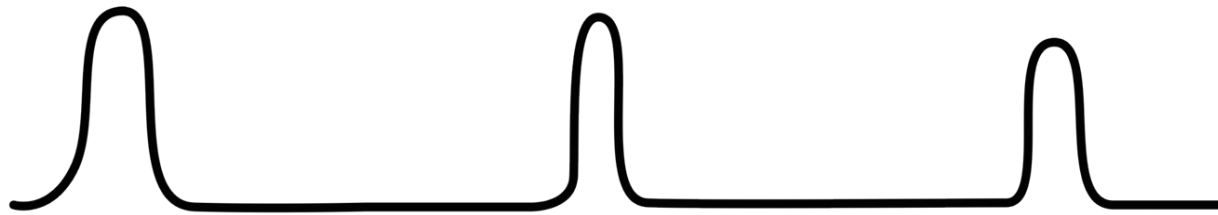
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ADVANCED UROTHERAPY

Pelvic floor training

Electrical stimulation (Neuromodulation)

Life style advice



EVIDENCE ?



Journal of Pediatric Urology (2016) 12, 37.e1–37.e6

Prospective evaluation of the long-term effects of clinical voiding reeducation or voiding school for lower urinary tract conditions in children



Journal of Pediatric Urology (2018) xx, 1.e1–1.e7

Voiding school as a treatment for daytime incontinence or enuresis: Assessing the effectiveness of intervention by measuring changes in wetting episodes

^aChildren's Hospital, Helsinki
University Central Hospital,
Finland

A. Saarikoski ^{a,b}, R. Koppeli ^a, S. Taskinen ^a, A. Axelin ^b

Treatment outcome of day-time urinary incontinence in children

GSTROEM¹, NIKOLAJ RITTIG¹, KONSTANTINOS KAMPERIS²,
ARIE MIKKELSEN¹, SØREN RITTIG² & JENS CHRISTIAN DIURHUUS¹

Mulders et al. Urotherapy in children: quantitative measurements of daytime urinary incontinence before and after treatment: According to the new definitions of the ICCS (2011)

Study design:

Retrospective study of 98 children (outpatient program)
8 sessions (15 weeks): (standard uroTx , PFR, uroflowBfK)

Table 5 Results for children with daytime urinary incontinence at end of training.

Result	n	%
Full response	38	42
Response	8	9
Partial response	24	27
No response	20	22
Missing	8	—
Total	98	100

Conclusion: Improvement in 78 % at the end of training, with complete dryness rate of 42 %, additional benefit of VF, PVR and flow pattern.

Training effect over time
Continuous decrease of incontinence persistence

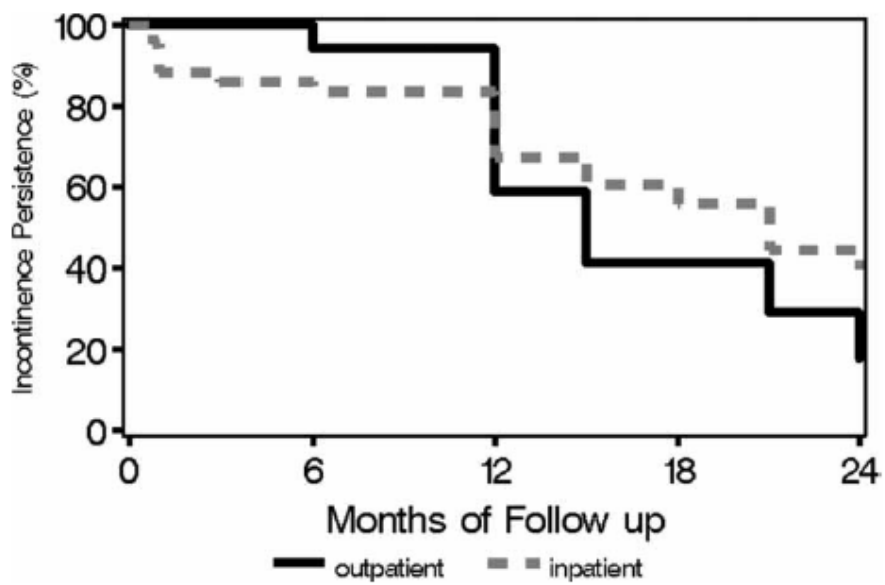


Figure 4. Day-time wetting. Symptom resolution by time ($n = 46$).

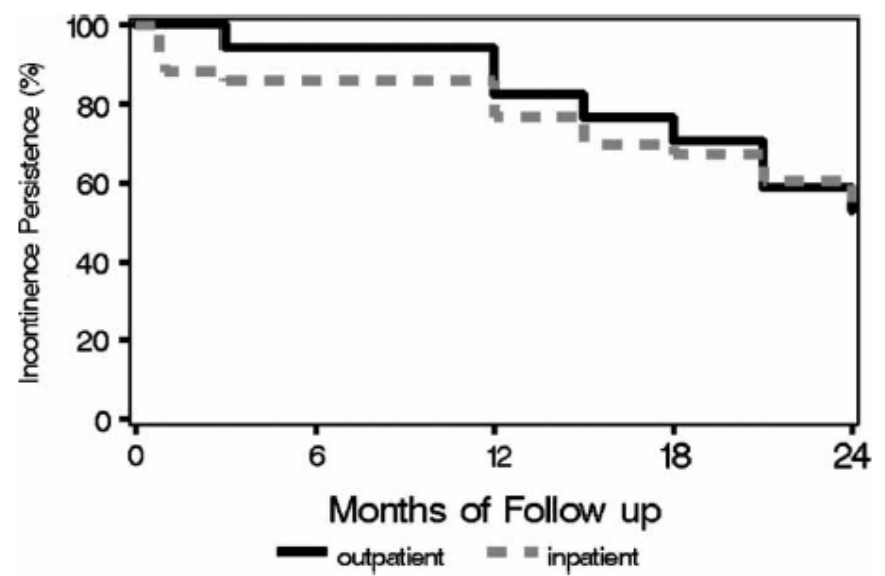


Figure 5. Night-time wetting. Symptom resolution by time ($n = 46$).

Long-lasting impact of urotherapy impact and not limited to a few months after completion of training

EVIDENCE ?

Standard urotherapy = valid therapeutic strategy for children

20-40% of children with LUTS resistant to standard urotherapy and need advanced urotherapy.

BBD treatment is of utmost importance

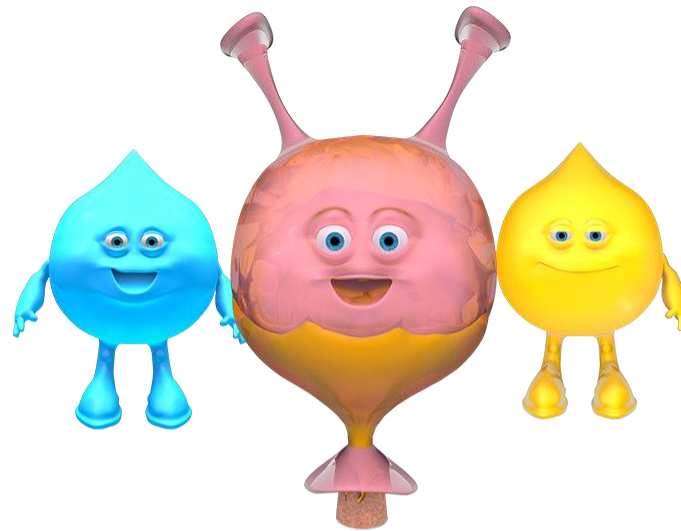
CONCLUSION

Urotherapy often left aside

Time consuming

Effective in long term at least in LUTS

Make it child –friendly to be effective, and work with nurses/
physiotherapists



DE PLASHELDEN

